Expanded HIV Testing in Healthcare Settings

Questions and Answers for RFA #14-10352

October 24, 2014

1.	I am interested in learning if the CA Department of Public Health has plans to make funding available to support Expanded Testing programs in Los Angeles County (?). If so, is there a timeline? **No. Funding for the Expanded HIV Testing in Health Care Settings Request For Applications (RFA #14-10352) has been made available through Category B of the Centers for Disease Control and Prevention (CDC) PS12-1201 grant. Los Angeles County and the City and County of San Francisco are funded directly by the CDC for PS12-1201.**
2.	I received a letter from your office requesting an application for the expanded HIV testing project 2015-2017. What is the HIV testing entails? **This RFA is designed to promote: (1) routine opt-out HIV screening, especially among African Americans, Latinos, men who have sex with men (MSM), and injection drug users (IDUs); (2) implementation of a program that works toward sustainability, both financially and systemically; and (3) utilization and integration of existing Linkage to Care, partner services, and prevention services for persons testing positive for HIV in health care and other settings. Routine opt-out HIV screening can be defined as a testing approach in which all patients ages 13 to 64 are screened after being notified that the test will be performed, unless the patient declines. Additional details about this RFA, the program, and HIV testing services provided through this program, can be found by clicking** here.
3.	As an FQHC, what is the reimbursement to the Clinic to perform the testing? Is it billed at our PPS rate? **Yes. Routine opt-out HIV testing in health care settings reimbursed at the Prospective Payment System (PPS) rate. The California Department of Public Health, Office of AIDS (OA) is committed to using PS12-1201 funding to establish the sustainability of HIV screening, Linkage to Care and prevention services. Applicants must demonstrate the ability to bill for HIV screening and document associated third party payers.**
4.	Will there be a separate announcement for funding opportunity specific for Los Angeles County and San Francisco? **OA is currently not aware of funding opportunities for Los Angeles and/or San Francisco. Funding for the Expanded HIV Testing in Health Care Settings Request For Applications (RFA #14-10352) has been made available through Category B of the Centers for Disease Control and Prevention (CDC) PS12-1201 grant. Los Angeles County and the City and County of San Francisco are funded directly by the CDC for PS12-1201.**

	If not, will funds be allocated for local distribution through the County health entity? **Because Los Angeles County and the City and County of San Francisco are funded directly by the CDC, OA is not able to allocate funds for this program through Los Angeles County Health Department or the City and County of San Francisco Health Department, even if services are being performed outside Los Angeles or San Francisco. OA encourages applicants to think broadly about collaborating with all other eligible entities to develop the most comprehensive proposal. In some cases, yes, applicants may plan to work with their LHJ and have funds allocated through their county health department, but this is not a requirement. On Page 2, section A. Introduction, and page 3, section D. Eligible Entities, of the RFA are the descriptions of the agencies and LJH's that are eligible to apply.**
5.	Is there an available list serve that I can join to obtain future announcements from CDPH? **Yes, please consider joining the California Department of Public Health Stakeholders Brief. You can join by clicking here (CDPH Stakeholder Brief). You may also consider joining the Office of AIDS Advisory network by clicking here (OA AIDS Advisory Network) and filling out the registration form.**
6.	During the current funding cycle, we have operated using "no news is good news" for negative results. With this approach, clients are not directly notified with negative results but are notified in person for any positive results. This RFA states that negative results must be directly disclosed. Would OA consider continuing "no news is good news" as disclosing negative results to such a high volume of individuals is cumbersome? Refer to p.6 #4. **In your application, OA encourages applicants to describe the full integration of this program into their agencies' service delivery protocols. The plan to deliver HIV-negative test results should be a part of that integration plan. If an agency has a successful "no news is good news" protocol for other non-remarkable test results, HIV may be integrated into that existing protocol.** **Please note the language in the RFA does not state that HIV-negative test results must be directly disclosed. Page 6, section 4: Plan for providing HIV-negative results to patients, reads as follows:** **"Applicants must explain how they will integrate the delivery of HIV-negative test results to patients. Applicants are encouraged to be innovative in their delivery of this information. Negative HIV testing results can be provided in some of the following ways: on discharge materials, by letter or by orally informing patients."**

7.	If an agency is currently testing in a specific program within their site, can they propose to expand testing to other programs within the same site? For example, if an agency is currently providing routine, opt-out testing in their family planning program at a specific clinic site, would it be acceptable to expand to another program at the same site such as internal medicine, or primary care? **Yes, if the program is sustaining their currently funded routine, opt-out testing program they can use the 2015-2017 ET funding to implement services in a new program within their current site. OA is interested in supporting the development and integration of routine opt-out HIV testing in health care settings with the goal of sustainability.**
8.	There are new reporting requirements in this RFA that relate to billing for testing. The requirement to report the date that reimbursement is received for the HIV test creates a large administrative burden. Would OA consider eliminating the requirement? Refer to Attachments 4 & 5. **OA has added 4 additional data reporting elements that were not required in the original 2011-2014 ET program. OA is not willing to eliminate the new data reporting requirements, but is, however, willing to consider proposals that have appropriate budget and personnel services to accommodate the administrative requirements.**
9.	The values labels are inconsistent with current requirements. For example, with current data reporting a negative test is coded as "3", in the new RFA that code for that test result is "1". There are multiple variables that this applies to. It appears that the values were changed to match LEO. Is that accurate? If not, please consider using the same value labels as is currently used. Changing the values for each of the required variables will require contractors to change the code for their data download which may require additional resources. Refer to Attachments 4 & 5. **An effort will be made to maintain technical consistency between the previous grant cycle (2011-2014) and the requirements for this RFA. However, please note that there are some additional data element requirements for this cycle (e.g., Billing variables. See Attachment 4), so some minor modification *will* be required to xml code from last grant cycle to make it consistent with the current RFA reporting requirements. If additional resources will be required to implement minor xml modifications, these resources should be included in your budget.** **We intend to release a finalized version of the reporting requirements by December 31, 2014.**
10.	Can Expanded Testing be conducted at Mental Health clinics? **Yes. All Mental Health Clinics within the 18 eligible local health jurisdictions can apply for this program.**

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<tr><td>11.</td><td>If a currently funded site wants to switch from using rapid tests to conventional tests, would they be considered for funding (same site, but different testing platform)? There is an agency who determined that they would not be able to sustain expanded testing using the testing platform they had originally selected. It is thought that sustainability could be maintained by changing testing platforms.

No. Switching testing technology within the same site would not qualify an agency for funding.</td></tr>
<tr><td>12.</td><td>The following data items were not required to be reported in the current funding cycle, please confirm that these are required in the new RFA: gender identity, biological sex at birth, Asian race, Native Hawaiian/Pacific Islander race, and other public health insurance. Refer to Attachments 4 & 5.

Gender identity, biological sex at birth, and race are required variables in the current funding cycle and will remain required variables. Sub-specifications for Asian, Native Hawaiian/Pacific Islander, and Hispanic/Latino(a) are optional. Other public health insurance is conditionally required. Please see the table below for data collection and reporting requirements for the above mentioned variables.

<table>
<tr><th>Variable</th><th>Data Collection and Reporting Requirement*</th></tr>
<tr><td>Gender identity</td><td>System required** (HIV-Negative Test Events)
System required (HIV-Positive Test Events)</td></tr>
<tr><td>Biological sex at birth</td><td>Program required*** (HIV-Negative Test Events)
System Required (HIV-Positive Test Events)</td></tr>
<tr><td>Race</td><td>Program required (HIV-Negative Test Events)
Program required (HIV-Positive Test Events)</td></tr>
<tr><td>Race minor</td><td>Variable must be included in XML file, but response is optional (HIV-Negative Test Events)
Optional (HIV-Positive Test Events)</td></tr>
<tr><td>Health insurance</td><td>Program required (HIV-Negative Test Events)
System required (HIV-Positive Test Events)</td></tr>
<tr><td>Other public health insurance (specify)</td><td>Program required when “Other public health insurance” = Yes (HIV-Negative Test Events)
System required when “Other public health insurance” = Yes (HIV-Positive Test Events)</td></tr>
</table>
* Reporting requirements subject to change based programmatic need
** System required variables represent variables that must be collected and reported in order for the encounter to pass validation
*** Program required variables are variables that must be collected and reported, but which will pass validation when the response is missing. Quality assurance activities are conducted to monitor the proportion of missing responses for program required variables</td></tr>
</table>

13.	Under letter H. Personnel (up to three pages total): Are you asking that we answer the questions under section. H in 3 pages or less and add the requested resumes to the attachment section? **Yes, please describe how the project will be staffed in 3 pages or less. Attached resumes of key staff and required organizational charts are not counted as part of the three page minimum. There is no limit to the number of resumes or the total number of pages for those resumes.** If planning to support an agency with training and material, do we need resumes from their staff? The staff hours would be in-kind. **No. You do not need to supply resumes for staff at sub-contracted agencies.** If we imbed staff through letter of agreement with existing agency, what documents are needed for staff? **None.**
14.	Under letter I. Detailed Budget (No Page Limit), can the 5-line item budget be submitted in excel format? **Yes.**
15.	In terms of your RFA goal of succeeding at ramping up targeted #s of HIV tests between years 1-2, and then maintaining those #s in year 3, are you focused on having tests administered to the general population, or HIV tests administered to Latinos, African Americans, MSM and IDUs? **The CDC has designated funding through PS12-1201, Category B Expanded HIV Testing for disproportionately affected populations. Therefore, the goal of this project is to establish routine, opt-out HIV testing in healthcare facilities that primarily serve African Americans, Latinos, men who have sex with men (MSM), and/or injection drug users (IDUs). Opt-out HIV testing would be routinized for the entire population of the chosen heath care setting. The goal numbers of HIV tests on p. 3 of the RFA refers to all tests performed, not just the number of tests administered to Latinos, African Americans, MSM and IDUs.** Counting unduplicated individuals tested or simply tests administered? **If facilities are able to unduplicate patients for their data submission that is ideal; however, tests administered is the standard for this RFA.**

16.	Although you are seeking proposals from each of the counties listed in this 2014 RFA, how will you prioritize funding a specific set of projects? Will you seek to reduce HIV/AIDS by funding all of the CDC identified geographic regions or in the areas of California most impacted by the HIV epidemic? **OA is looking to fund 4 to 6 program within the eligible entities. Starting on page 13, section 6, Application Evaluation Process of the RFA, is the process OA will use to prioritize and award funding to the applications received. OA will apportion available funds to the winning applicants, based on the evaluation process and the amount of funds requested. OA will not reduce the available funds to fund more than 6 programs.**
17.	Can you describe the type of TA that will be provided by OA with regard to obtaining maximum reimbursement from public/private insurers? **Technical assistance for HIV testing reimbursement will be tailored to the healthcare facility based on payment type and payer mix. OA is able access national and statewide training resources for TA. In addition, OA can call on previously funded Category B healthcare facilities to provide in-depth TA to our grantees.**
18.	Are there LTC networks within most of the EE jurisdictions? **State funded local health jurisdictions have documented linkage to care plans developed within their jurisdictions. Linkage to Care networks within the LHJs vary in scope. OA encourages grantees to collaborate with their local health department to develop comprehensive systems to link HIV positive clients to care and treatment.**
19.	Can a federal negotiated indirect cost rate be used to justify the indirect requested, if the requested amount is less than or equal to 15% of personnel and fringe costs? **Indirect cost rates are individually negotiated between OA and each LHJ. For the direct contracts OA has with agencies outside of county health departments, the indirect cost rate can be up to 15% of personnel and fringe benefit costs.**